

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Brown et al.	Group No: 2836
Application No: 10/816,152	Examiner: Lucy M. Thomas
Confirmation No: 9014	Attorney Docket No: 008325 USA/AGS/SPARES/DP
Filed: March 31, 2004	August 25, 2008
Title: DETACHABLE ELECTROSTATIC CHUCK	San Francisco, California 94107

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time		
	<input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
Papers Enclosed Filed EFS <input checked="" type="checkbox"/> Amendment in Response to Final Office Action <input type="checkbox"/> Declaration <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input checked="" type="checkbox"/> One Month	\$120.00	\$60.00
	<input type="checkbox"/> Two Months	\$460.00	\$230.00
<input type="checkbox"/> Three Months	\$1,050.00	\$820.00	
Total \$ 120.00			
<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	19	20	0	\$50.00	\$25.00	\$0.00
Independent Claims	4	3	0	\$210.00	\$105.00	\$0.00
Multiple Dependent Claims			0	\$370.00	\$185.00	\$0.00
Supplemental Information Disclosure Statement						
						Total \$ 0.00

Fee Payment		Fee Deficiency
Extension Fees	\$120.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
Fees for Extra Claims	\$ 0.00	
Total	\$120.00	
<input type="checkbox"/> Attached is check no. _____ in the sum of <u>\$0.00</u> . <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <u>\$120.00</u> .		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, #106 San Francisco, California 94107
CERTIFICATE OF TRANSMISSION (37 C.F.R. 1.8a) I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below, facsimile transmitted to the U.S. Patent Office at (571) 273-8300, or electronically filed, on the date shown below. By:  <u>Leslie J. Mills</u> Date: <u>August 25, 2008</u>		
		Respectfully Submitted, By:  <u>Ashok K. Janah</u> Registration No. 37,487
		Date: <u>August 25, 2008</u>